

CALL IN THIS DATA **OHIO EMERGENCY MANAGEMENT AGENCY**
BEFORE MAILING FORM **DAMAGE AND NEEDS ASSESSMENT (Rev. APR/1990)**
(614) 889-7150

A. Name of Political Subdivision & Population	B. Name of County & Population	INTERNAL USE ONLY
		MSG. NO. _____
C. Type of Disaster & Date of Occurrence	D. Area Primarily Affected (East, N.E., All)	DATE REC'D _____
(If Flood or Winter Storm Provide additional information requested on the back of this form)		TIME REC'D _____
E. Contact ----- Name & Title: Address: _____ Phone: () _____		SOURCE _____
PUBLIC DAMAGES *		
A. DEBRIS CLEARANCE	E. PUBLIC BUILDINGS, FACILITIES, EQUIPMENT	
Public Roads and Streets \$ _____ Public Property \$ _____ Other \$ _____ TOTAL \$ _____	Public Buildings Damaged # _____ \$ _____ Destroyed # _____ \$ _____ Building Contents \$ _____ Vehicles/Equipment \$ _____ Insurance Coverage _____% TOTAL \$ _____	
B. PROTECTIVE MEASURES	F. PUBLIC UTILITIES (PUBLICLY OWNED)	
Emergency Temporary Repairs . . \$ _____ Flood Protection/Sandbagging . . \$ _____ Barricades, Signs \$ _____ Security/Search & Rescue. \$ _____ TOTAL \$ _____	Water Systems \$ _____ Water Treatment Plants \$ _____ Sewage Treatment Plants \$ _____ Sewers Length _____ FT \$ _____ Length _____ FT \$ _____ Other \$ _____ Insurance Coverage _____% TOTAL \$ _____	
C. ROAD SYSTEMS	G. PARKS AND RECREATIONAL (PUBLICLY OWNED)	
ROADS TYPE _____ MILES _____ \$ _____ TYPE _____ MILES _____ \$ _____ BRIDGES DAMAGED # _____ \$ _____ DESTROYED # _____ \$ _____ CULVERTS DAMAGED # _____ \$ _____ DESTROYED # _____ \$ _____ ACCESS PROBLEMS YES _____ NO _____ TOTAL \$ _____	PARKS \$ _____ RECREATIONAL \$ _____ OTHER \$ _____ INSURANCE COVERAGE _____% TOTAL \$ _____	
D. WATER CONTROL FACILITIES	H. SCHOOLS AND PRIVATE NON-PROFIT FACILITIES	
DIKES \$ _____ LEVEES \$ _____ DAMS \$ _____ DRAINAGE CHANNELS \$ _____ OTHER \$ _____ TOTAL \$ _____	PUBLIC SCHOOLS DAMAGED # _____ \$ _____ DESTROYED # _____ \$ _____ OTHER SCHOOLS DAMAGED # _____ \$ _____ DESTROYED # _____ \$ _____ PRIVATE UTILITY \$ _____ OTHER \$ _____ INSURANCE COVERAGE _____% TOTAL \$ _____	

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I. CURRENT COMMUNITY BUDGET INFORMATION	
1) ANNUAL BUDGET \$ _____	2) ROAD BUDGET \$ _____
3) PUBLIC WORKS BUDGET \$ _____	4) DATE FISCAL YEAR BEGINS _____
PRIVATE DAMAGES *	

J. INDIVIDUAL		K. BUSINESS/INDUSTRY	
RESIDENTIAL STRUCTURES DESTROYED # _____		BUSINESSES DESTROYED # _____	
(INCLUDES MOBILE HOMES AND MAJOR # _____		MAJOR # _____	
FARM HOUSES) MINOR # _____		MINOR # _____	
INSURANCE COVERAGE _____ %		NUMBER NOW UNEMPLOYED # _____	
		ESTIMATED DURATION # _____	
		INSURANCE COVERAGE _____ %	
L. AGRICULTURAL			
FARM BUILDINGS DESTROYED # _____		CROPS DESTROYED # _____	
DAMAGED # _____		DAMAGED # _____	
MACHINERY/EQUIPMENT DESTROYED # _____		LIVESTOCK DESTROYED # _____	
DAMAGED # _____		DAMAGED # _____	
M. OTHER INFORMATION		N. ADDITIONAL DISASTER INFORMATION	
DEATHS # _____		IF A FLOOD OR WINTER STORM QUANTITY _____	
INJURED # _____		DURATION _____	
HOSPITALIZED # _____		IF FLOOD , TYPE: SEWER BACKUP _____ CREEK/RIVER OVERFLOW _____	
EVACUATED # _____		SHEET FLOW _____ OTHER _____	
SHELTERED # _____		HOW LONG UNDERWATER? _____ DOES WATER CONTAIN HARMFUL CHEMICALS? _____	
ISOLATED # _____		IF YES, WHAT CHEMICALS? _____	
GENERAL COMMENTS			

(LIST HERE ANY PERTINENT INFORMATION ABOUT THE STRICKEN COMMUNITY/VICTIMS WHICH WILL IMPACT ON THEIR RECOVERY FROM THIS INCIDENT; I.E., INSURANCE FACTORS, LONG-TERM UNEMPLOYMENT OR TEMPORARY HOUSING NEEDS. ADDITIONAL INFORMATION CONCERNING THE COMMUNITY, AND COMMENTS ON EITHER THE PUBLIC OR PRIVATE LOSSES WHICH INDICATE A NEED FOR OUTSIDE ASSISTANCE SHOULD BE EXPLAINED HERE, USE ADDITIONAL SHEETS IF NECESSARY)

* PREPARE TWO MAPS SHOWING: 1) PUBLIC DAMAGE, AND 2) PRIVATE DAMAGE. INDICATE THE AREAS OF MAJOR, MINOR, AND DESTROYED.

** COUNTIES SHOULD **CONSOLIDATE** DATA FOR COUNTY AGENCIES, TOWNSHIPS, AND VILLAGES. MUNICIPALITIES SHOULD REPORT DATA **ONLY** FOR THEIR OWN JURISDICTION.

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